

NIATx Change Project

Jefferson County Birth to Three

Streamline the referral process to optimize the resources used to
identify children in need of programming

Change Team:

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Aim Statement

Streamline the referral process to optimize the resources used to identify children in need of programming by decreasing:

- Annual DNQ total by 5%
- Annual Medical Provider DNQs by 10%

Start Date: September 2014
Completion Date: December 2015



Data from 2012 through 2014:

129 referrals resulted in children that did not qualify (DNQ) for service

Cost of referrals resulting in DNQs:

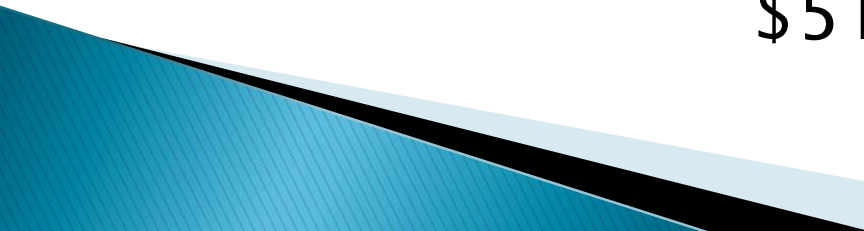
Completed evaluation process--\$500.00

Screened out--\$120.00

95 complete eval-----\$47500.00

34 screened out-----\$4080.00

Total cost of DNQ in 2 years was
\$51,580.00



Procedure Changes

PDSA Cycles:

- 1st: Increase medical providers understanding of programming and eligibility requirements to ensure a referral to Birth to Three is the most appropriate course of action for the child and family.

In October of 2014, an informative letter describing programming, recent changes in approaches to services and the effectiveness of using screening information in the referral process was sent to medical professionals in the area.

The state generated Medical Referral form with consent to share screen information was included with the letter.

Procedure Changes

PDSA Cycles:

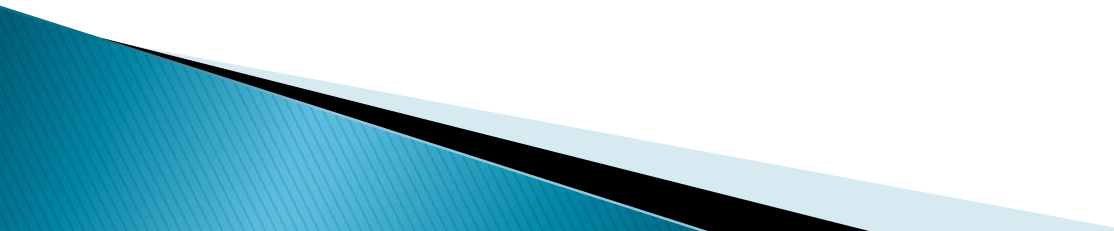
- ▶ 2nd: Partner with families and medical providers to ensure that a formal evaluation is the most appropriate course of action by requesting screening information on a child at the time of referral so service coordinators are able to have informed conversations about the eligibility process with families.

In December 2014, Birth to Three Service Coordinators started to request screening information on all referrals that came from a medical provider prior to initiating contact with a family.

Data from 2014

- ▶ 264 referrals were made to Birth to Three
- ▶ 55 of all referrals did not qualify
 - 54% came from medical providers

Data from 2015

- ▶ 231 referrals were made to Birth to Three
 - ▶ 32 of all referrals did not qualify
 - 37% came from medical providers
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Phase One & Two Outcomes

The percentage of referrals made by medical provided that resulted in DNQs decreased by **17%**.

***Interesting Fact:**

The percentage of over all referrals made by medical providers after receiving the letter increased by .5%

Aim: 10% decrease

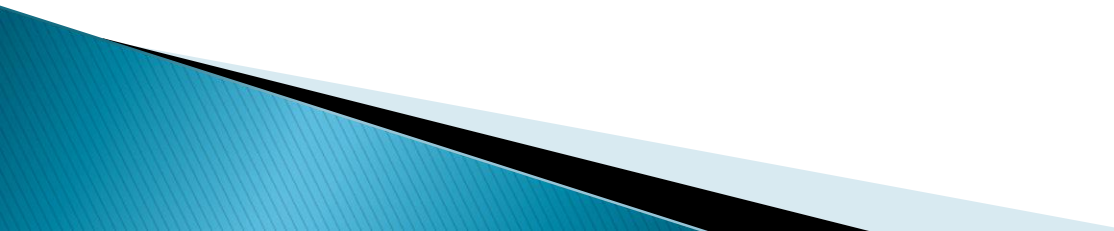


Procedure Changes

PDSA Cycles:

3rd: Reduce the number of referrals that result in DNQ by collecting screening information on children who are not referred by medical providers so service coordinators can have informed discussions with parents about their child's development prior to consenting to the formal evaluation process.


Starting in January 2015, all children being referred to the program and their caregivers had the opportunity to participate in a developmental screening prior to consenting to the formal evaluation process.



Data from 2014

- ▶ 18 referrals were screened by Birth to Three
 - *7% of all referrals
- ▶ 12 were screened out prior to formal eval
- ▶ 6 had formal evals and qualified for services

Data from 2015

- ▶ 21 referrals were screened by Birth to Three
 - *9% of all referrals
 - ▶ 13 were screened out prior to formal eval
 - ▶ 4 had formal evals and DNQ
 - ▶ 4 had formal evals and qualified for services
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Phase Three Outcomes

The screenings done by staff increased by 2% but did not yield a financial benefit due to screen in not qualifying after formal evaluation.

Data from 2014:

264 referrals

55 DNQs = 21% of all referrals DNQ

43 complete eval-----\$21500.00

12 screened out-----\$1440.00

Total cost of DNQ --\$22,940

Data from 2015:

231 referrals

32 DNQs = 13% of all referrals DNQ

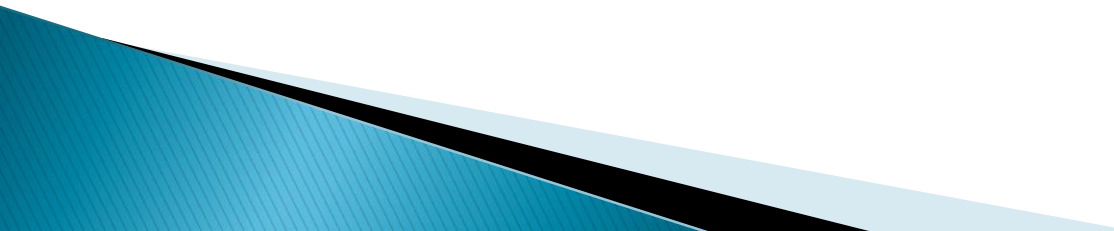
19 complete eval-----\$9500.00

13 screened out-----\$1560.00

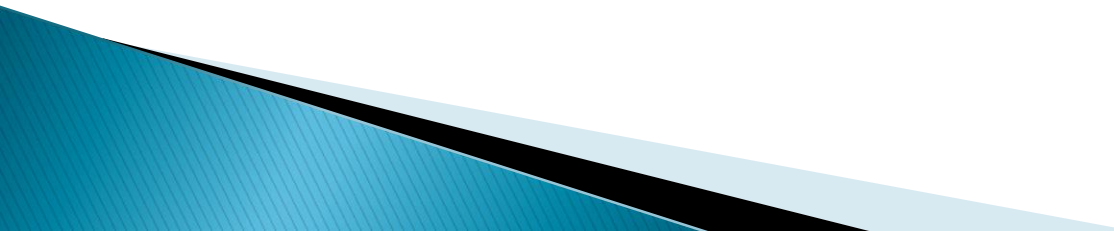
Total cost of DNQ --\$11,060

Aim: 5% decrease

Next Steps:

- ▶ The outreach to medical professionals has helped optimize resources used to identify children in need of programming, as well as to enhance collaboration between Birth to Three and providers. Providers continue to provide screening information to support referrals. Program updates as well as updated forms will be sent to providers annually to support sustainability.
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Next Steps:

- ▶ Internal screening did not have a significant impact on resources.
 - ▶ The value in the protocol has been identified as the potential it creates for enhancing the parent's understanding of child development and the parent-child relationship which aligns with the philosophy of Birth to Three services and State initiatives.
 - ▶ The internal screening protocol will remain in place.
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*Thank you to the change team and their
dedication to providing high quality services!*

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